

Knollwood Energy of MA LLC P.O. Box 30 Chester, New Jersey 07930

NHFUC 115EP15pu1:42

August 31, 2015

Debra A. Howland Executive Director New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Stephen Aprea system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information
Stephen Aprea
17 Groton Rd
Hebron, NH 03284
saprea@comcast.net
802.380.2016

The Nepool GIS ID # for this facility is: NON53894. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager *Knollwood Energy of MA LLC*973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITYFOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
 Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission

 21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which
 the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an
 application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

• Photovoltaic (PV) solar facilities are Class II resources. Contact <u>Barbara.Bernstein@puc.nh.gov</u> for assistance.
Eligibility Requested for: Class I Class II X Check here X if this facility part of an aggregation.
If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA
Provide the following information for the owner of the PV system.
Applicant Name Stephen Aprea Email saprea@comcast.net
Address 17 Groton Rd City Hebron State NH Zip 03284
Telephone 802.380.2016 Cell
 For business applicants, provide the facility name and contact information (if different than applicant contact information).
Facility Name Primary Contact
Address City State Zip
Telephone Cell
Email address:

•	Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.									
	equipment	quantity	Туре	equipment	quantity	Туре				
	PV panels	20	SunEdison F270	other						
	Inverter	20	Enphase m215	other						
	meter	1	Hialeah S-02S-20023E	other						
•			erconnection agreement and the app with your application.	roval to o	operate yo	ur PV systen	n from '	your e	electric	utility
•		H custom tion are re	ers, both the <i>Simplified Process Inter</i> equired.	rconnectio	on Applica	tion and Exh	ibit B -	Certij	ficate d	of
	What is	the name	plate capacity of your facility (found	on your in	iterconnec	tion agreem	ent)?	4.3	AC	
	What w	as the init	ial date of operation (the date your u	tility appr	oved the f	facility)?		6/8,	/15	
•			e, license number and contact inform by the customer.	ation of t	the installe	er, or indicat	e that t	he eq	luipme	nt was
	Installer Name		e State Solar Conta	ct Justi	in Thomas		icense ‡ pplicabl	•	0366	6C
	Address	197 N	Main Street	City Bos	scawen		State:	N H	Zip	03303
	Telepho	ne _603	.369.4318	email	justin@g	ranitestate	solar.c	<u>om</u>		
	If the eq	uipment v	vas installed directly by the customer,	. please ci	heck here:					
	Provide	the name	and contact information of the equi	ipment ve	endor.					
		Check h	ere if the installer provided the equip	ment and		o the next qu Wright	ıestion.			
	Business	Name	SunEdison	Cont	tact					
	Address	600 0	Clipper Drive	City _E	Belmont	S	tate _	CA	Zip _	94002
	Telepho		.224.9376	email		t@sunedisc				
	If an ind	ependent	electrician was used, please provide	the follo	owing info	rmation. (Su	inray co	orpor	ate ele	ctrician)

Email

License #

13363M

shawn@granitestatesolar.com

Electrician's Name

Business Name

Shawn Marvel

Granite State Solar

	dress 197 N N	Main Street	City Boscawen	State NH Zip	03303
				approved independent monitor. Energy_Source_Eligibility.htm.)	s is
Ind	ependent Monito	or's Name Paul Button,	Energy Audits Unlimited		
	-	d under another state's re e proof of the certification	enewable portfolio standar n as Attachment C.	d? yes ☐ no ☐ _X	
0 1	<i>following inform</i> In order to qualif	ation. y your facility's electrical		or should provide you with the e Energy Certificates (RECs), you IS administrator follows:	
			James Webb		
		Registry Adminis	rator, APX Environmental	Markets	
			way, Suite 600, San Jose, C		
		Office: 408.5			
If vo	ou are not nart of		b will assist you in obtaining		
111 ye	od are not part of	an aggregation, wit. web	5 Will assist you in obtaining	ig a dis facility code.	
GIS	Facility Code #	NON53894	Asset ID #	NON53894	
in o	conformance wi provide a separa e Commission re	ith any applicable state ate document.	-	the project is installed and on the project is installed and on the following affidition.	_
AFF	FIDAVIT				
	. Undersigned a	innlicant declares unde		the project is installed and or	
			penalty of perjury that g codes. (please see atta	ached)	perating
in c		th all applicable buildin		ached) Date	perating
in c	conformance wi	th all applicable buildin Linda Modica	g codes. (please see atta	Date	perating
in c App App	conformance wi olicant's Signature olicant's Printed N	th all applicable buildin Linda Modica	g codes. (please see atta	Date	perating
in c App App Sub	conformance wi plicant's Signature plicant's Printed N scribed and swor	th all applicable buildin Linda Modica	g codes. (please see atta	Date	
in c App App Sub	conformance wi plicant's Signature plicant's Printed N scribed and swor	th all applicable buildin lame Linda Modica n before me this	g codes. (please see atta	Date (month) in the year	
in c App App Sub	conformance wi plicant's Signature plicant's Printed N scribed and swor	th all applicable buildin lame Linda Modica n before me this	g codes. (please see atta	Date (month) in the year	

• Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA and Exhibit B – Certification of Completion for Simplified Process Interconnection.	x
Documentation of the distribution utility's approval of the installation.*	Х
If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
A signed and notarized attestation.	Х
A GIS number obtained from the GIS Administrator.	Х
The document has been printed and notarized.	Х
The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	х
An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	Х
*Usually included in the interconnection agreement.	•

• If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here

and skip this section.

PREPARER'S INFORMATION

Preparer's Nam	ne Linda Modica	Email address:	linda@knollwoodenergy.c	com	
Address PO	Box 30 1	City _Cheste	er State	_NJ_ Zip	07930
Telephone	973.879.7826	Cell			
Preparer's Signa	ature:				
				WARRANT AND DESCRIPTION OF THE PROPERTY OF THE	AC BANCALONIA COMITA DI CONTRA LA CONTRA LA RECURSO CONTRA LA CONT

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT				
The Undersigned applica	nt declares under penalty	of perjury that the pi	roject is installed and o	perating
in conformance with all a	pplicable building codes.			
Applicant's Signature			Date 9/9/15	
Applicant's Printed Name	Linda Modica	***************************************		
Subscribed and sworn befor	re me this 9	Day of September	_ (month) in the year	2015
County of Morris		State ofNew Je	ersey	
		Miber	Buch	
		Notary Public/Ju	stice of the Peace	
	My Commission Expires	2/16/17		
		, ,		



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PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

		P	SNH Application Proje	ect ID#:	N 3389
Contact Information:					
Legal Name and Address of Interconnect	ing Custom	er (or. Com	pany name, if appropri	ate)	
Customer or Company Name (print): St			, J	,	
Contact Person, if Company:				~	
Mailing Address: 17 Groton Rd					
City: Hebron	State:	New Hamps	ihire	Zin Code:	03241 .
Telephone (Daytime): (802) 380-2016			(Evening):		
Facsimile Number:					
Alternative Contact Information (e.g., Name: Granite State Solar	System inst	allation con	tractor or coordinating	company, if ap	opropriate):
Mailing Address: 197 North Main St					
	State:	New Hamp	oshire	Zin Code	03303
Telephone (Daytime): (603) 369-4318			(Evening):		
Facsimile Number:					ar.com
Name: Mailing Address: City:	····				
Telephone (Daytime):					
Facsimile Number:					
Facility Site Information: Facility (Site) Address: 17 Groton Rd	V				
	State:	N	H	Zip Code:	U3241
Electric Service Company: PSNH	Accou	nt Number:	56655386092	Meter Nun	nber: S67755120
Account and Meter Number: Please conston this application. If the facility is to be	ult an actual installed in a	PSNH elec a new locati	etric bill and enter the clion, please provide the	correct Account PSNH Work F	t Number and Meter Number Request number.
PSNH Work Request #					
Non-Default' Service Customers Only:					
Competitive Electric					
Energy Supply Company:			Accou	ınt Number:	
Customer's with a Competitive Energy S Supply Company.)	upply Comp	any should	verify the Terms & Co	onditions of the	ir contract with their Energy

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

	Facility Machine Information:
	Generator/ Model Name &
	Inverter Manufacturer: Enphase Number: m215 Quantity: 20
	Nameplate Rating: 215 (kW) (kVA) 240 (AC Volts) Phase: Single Three
	Nameplate Rating: The AC Nameplate rating of the individual inverter.
	System Design Capacity: 4.3 (kW) (kVA) Battery Backup: Yes No
	System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the
	sum of the AC nameplate ratings of all inverters.
	Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ₩ No □
V	Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other
	Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other
	Inverter-based Generating Facilities:
	UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
	Yes Mo No C
	The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power
	Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This
	term "Listed" is then marked on the equipment and supporting documentation. Please include, any documentation
	provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.
	External Manual Disconnect Switch:
	An External Manual Disconnect Switch shall be installed in accordance with Part Puc 905 Technical Requirements For
	Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.
V	Yes No
	Location of External Manual Disconnect Switch: Next to the meter.
	Project Estimated Install Date: March Project Estimated In-Service Date: March
	Project Estimated Install Date: March Project Estimated In-Service Date: March
	Interconnecting Customer Signature:
	I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the <u>Terms</u>
	and Conditions for Simplified Process Interconnections attached hereto:
	Customer Signature: Styl Go Title: Nome own Date: 2-25-15
ſ	Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection
-	point in relation to the customer service panel and the PSNH meter socket. Applications without such a diagram may be
-	returned.
	For PSNH Use Only
	Approval to Install Facility:
	Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this
	Agreement, and agreement to any system modifications, if required.
	Are system modifications required? Yes No V To be Determined
	Company Signature: Muh ul Motta Title: SE ENGINEER Date: 4-16-15
	PSNH SPIA rev. 03/14 Page 2 of 3

Interconnection Standards For Inverters Sized Up To 100 kVA Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: Check i	f owner-installed
Customer or Company Name (print): Steph	nen Aprea
Contact Person, if Company:	
City: Hebron	State: New Hampshire Zip Code: 03241
Telephone (Daytime):(802) 380-2016	(Evening):
	E-Mail Address: sparea@comcast.net
Facility Information:	
Address of Facility (if different from above):	
	State:Zip Code:
Electrical Contractor Contact Information:	
Electrical Contractor's Name (if appropriate):	Granite State Solar
Mailing Address: 197 North Main St	
	State: New Hampshire Zip Code: 03303
	(Evening):
Facsimile Number:	E-Mail Address: justin@granitestatesolar.com
License number: 0366 C	And Andrewson
Date of approval to install Facility granted by the	Company:
PSNH Application ID number: #N	
Inspection:	
The system has been installed and inspected in co	ompliance with the local Building/Electrical Code of:
City: Hebron	County: Grafton
Signed (Local Electrical Wiring Inspector, or atta	ch signed electrical inspection):
Signature:	
Name (printed): Shave Marye	Date: 6/8/15
Customer Certification:	
Completion is true and correct. This system has b standards. Also, the initial start-up test required by	
Customer Signature: Steplen Gan	
As a condition of interconnection you are required	

Public Service Company of New Hampshire Supplemental Energy Sources Department 780 North Commercial Street P. O. Box 330, Manchester, NH 03105-0330